Mesenteric Adenitis

Information for patients, parents and carers

Children’s Ward
01625 661080

Macclesfield District General Hospital
Introduction
Mesenteric adenitis is a mild condition which causes temporary pain in the abdomen (tummy), usually in children. It clears up without treatment. Mesenteric adenitis means inflamed (swollen) lymph glands in the abdomen, which cause abdominal pain (tummy pain). The name comes from ‘mesentery’, which is the part of the abdomen where the glands are located, and ‘adenitis’ meaning inflamed lymph glands.

What are lymph glands?
Lymph glands (also called lymph nodes) occur throughout the body. They are normally pea sized and are a major part of the immune system. During an infection, lymph glands swell and become painful while the immune system ‘fights off’ infecting germs. They go back to normal after the infection is over.

What causes mesenteric adenitis?
Probably, an infection (germ) is what triggers the inflammation and swelling in the lymph glands. Most cases are probably due to a ‘virus’ infection such as a cold or sore throat. Less often, it may be a ‘bacterial’ infection that is the cause, for example, a bacterial infection in the intestine (gut). The inflamed glands then cause pain, tenderness and a high temperature.

What are the symptoms of mesenteric adenitis?
The symptoms are:

- Pain in the abdomen (tummy). The pain is usually located either in the centre of the abdomen, or in the lower right-hand side of the abdomen (known to doctors as the ‘right iliac fossa’).
- Fever (high temperature) and feeling generally unwell.
- Possibly some nausea and/or diarrhoea.
- Your child may have had a sore throat or symptoms of a cold, before the abdominal pain started.

If the diagnosis is not clear, your doctor may suggest:

- A period of observation (‘wait and see’), with a review after a few hours to see if symptoms have changed.
- A second opinion, for example, a referral to hospital for a surgeon’s opinion.
- Tests to look for other conditions (see below).
**Are any tests needed?**
There are no specific tests for mesenteric adenitis. However, some tests may help in diagnosing other conditions which could be causing the pain. For example, blood tests, urine test for infection, or scans (ultrasound or CT scan).

**When might an operation be needed?**
In some cases, problems such as appendicitis or ectopic pregnancy cannot be ruled out even after tests. If so, your child may need an operation to look inside the abdomen and check for any suspected problem. Sometimes this can be done as a ‘laparoscopy’, where a thin fibre-optic telescope is used to look inside the abdomen.

**What is the treatment?**
No treatment is necessary, other than simple painkillers such as paracetamol or ibuprofen (if wanted). If a bacterial infection is suspected, you may be given antibiotics, but this is to treat the underlying infection rather than the mesenteric adenitis.

If your child’s symptoms are getting worse, or last longer than two weeks, you should see a doctor urgently for a review.

**What is the outlook?**
The symptoms usually improve within a few days, and will almost always clear up completely within two weeks.

**References**


Humes DJ, Simpson J; Acute appendicitis. BMJ. 2006 Sep 9;333(7567):530-4.


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